

# Client feedback on Higher Ground's residential treatment programme

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Final report

9 December 2016

Prepared for: Higher Ground Drug Rehabilitation Trust



Judy Oakden Consultancy • Research Evaluation Consultancy  
The Knowledge Institute • Julian King & Associates

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Prepared for: Higher Ground Drug Rehabilitation Trust

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## Contents

<b>Executive summary .....</b>	<b>5</b>
<b>1 Background .....</b>	<b>7</b>
Higher Ground residential programme .....	7
Study objectives and method .....	9
<b>2 Findings.....</b>	<b>11</b>
The treatment programme .....	11
Outcomes.....	30
Opportunities for improvement .....	37
Conclusion.....	38
<b>References .....</b>	<b>39</b>
<b>Appendix A: Participant characteristics .....</b>	<b>40</b>
<b>Appendix B: Interview schedule.....</b>	<b>41</b>

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*From the moment I walked in the doors, I felt serenity.*

(Mitchell I., Higher Ground graduate, speaking at the opening of Higher Ground's new facilities, 11 November 2016).

## Executive summary

Higher Ground Drug Rehabilitation Trust (Higher Ground) engaged Julian King & Associates to elicit feedback from graduates and current residents (collectively referred to as 'clients') and identify key themes about their experiences with Higher Ground's residential programme.

The purpose of the study was to increase understanding about the value clients place on the programme and the extent to which certain programme components contribute to their recovery. A total of 25 people (22 graduates and three current residents) were interviewed by telephone during August and September 2016.

Overall, Higher Ground had been a life changing experience for all interviewees who's life trajectories had markedly changed for the better as a result of completing the programme (e.g., remaining in recovery, experiencing improved wellbeing, finding employment, studying at university).

The following key findings were gleaned through the interviews:

- Higher Ground's residential programme was considered challenging but highly effective. The confrontational nature of the programme (e.g., constantly being challenged and pushed out of ones comfort zone) was considered key to personal growth and development, which in turn, enabled recovery to occur. In addition, strict boundaries, a busy schedule, professional, non-judgmental and caring staff were seen to contribute to programme effectiveness.
- Being set in a Therapeutic Community (TC) was considered a key contributing factor for success. In particular, going through recovery with a group of peers, having the opportunity to question and reflect on ones own and other people's behaviour, and learning to be a responsible and functional member of society helped interviewees in their recovery.
- All programme components were perceived as valuable. Those that most benefited interviewees' recovery were therapy groups, the family group and one-on-one counselling. However, the whānau group and the 12-step programme were also considered key contributors. The value of the 12 step programme (e.g., the principles and the fellowship) increased over time as it became an integral part of maintaining recovery post graduation.
- The education groups were seen as valuable in that they were informative. Residents thought that education alone did not necessarily support recovery, but saw therapy and education together as an effective and necessary combination.

- Satisfaction with the whānau group was very high amongst both Māori and non-Māori. Having the opportunity to connect with ones culture or heritage, taking part in cultural practices, exploring spirituality, connecting with people on a deeper level and learning about Māori values were some of the key aspects of the group that people considered helpful for their recovery.
- The whānau group achieved objectives for participating Māori in that it strengthened or re-vitalised their cultural identity, supported meaningful connections (e.g., to their peers, the land, a higher power) to be developed, contributed to them re-gaining mana and increased their understanding of te ao Māori. For Māori and non-Māori alike, it also contributed to a sense of unity and connection. Additionally, non-Māori reported strengthened identity (e.g., as a New Zealander). Interviewees considered these outcomes to have contributed significantly to their recovery.
- Key benefits of the programme, identified by the interviewees, centred on personal growth and development (e.g., in terms of cognitive skills, improved behaviour, increased knowledge); ability to open up and trust people again; making meaningful connections and having a sense of belonging; finding a higher power; and being given the opportunity to give back and support others.
- Although the discharge and exit process can be a stressful time, all interviewees felt well supported through these processes. Having an exit plan was key to their continued recovery journey – as was the continuing care groups and involvement of whānau in the discharge process.

Overall, interviewees were very positive about the programme and they did not consider it in need of any particular improvements. However, a few suggestions were made centering on:

- Expanding and developing the programme to help reduce inequalities to access to care (e.g., providing more Higher Ground programmes around the country, developing programmes that meet needs of mothers and children)
- The facilitation of and access to therapy (e.g., ensuring all have time for processing in groups, increasing access to one-on-one counselling, providing more access to therapy in Phase 3, moderating/certifying the whānau group, providing additional continuing care groups)
- The physical environment (e.g., improving access to baths, starting vegetable gardens).

## 1 Background

Higher Ground Drug Rehabilitation Trust (Higher Ground) engaged Julian King & Associates to elicit feedback from current and former residents, and identify key themes about their experiences with Higher Ground's residential programme. This report presents thematic findings from the study.

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### Higher Ground residential programme

Higher Ground provides abstinence based treatment, within a 48-bed Therapeutic Community (TC) for adult New Zealanders. Higher Ground's rehabilitation programmes are based on Narcotics Anonymous (NA) 12-step recovery principles and other evidence-based therapies. The programmes are based on the belief that spiritual dimensions of honesty, open mindedness, willingness, faith, hope, respect and generosity are the foundations of healing. Higher Ground emphasises that clients need to take individual responsibility for their recovery.<sup>1</sup>

The TC programme duration is up to 18 weeks. Prior to entering the TC, a pre-admission community team provides assessment, support and group work to develop readiness for the intensive residential support of the programme. After graduation from the TC, continuing care is provided consisting of group and individual therapies, and supportive accommodation while people re-adjust to life in the community (Raymont et al., 2013).

The primary goal of the TC is to foster personal growth. This is accomplished by changing an individual's lifestyle through a community of concerned people working together to help themselves and each other.

The TC represents a highly structured environment with defined boundaries, both behavioural and ethical. It employs sanctions imposed by the community as well as earned advancement of status and privileges as part of the recovery and growth process. The TC has a series of defined stages. Attainment of each stage recognises increased personal awareness and growth demonstrated through behaviour, attitudes and values.

Being part of something greater than oneself is an especially important factor in facilitating positive growth. Residents in a TC are members, as in any family setting (as distinct from patients, as in an institution). Members play a significant role in managing the therapeutic community and act as positive role models for others.

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<sup>1</sup> For more information see [www.higherground.org.nz](http://www.higherground.org.nz)

Residents and staff act as facilitators, emphasising personal responsibility for one's own life and self-improvement. Staff support the residents. Staff ensure that for personal privacy and dignity, each client is addressed by their preferred name. There is a sharing of meaningful labour so that there is a true investment in the community.

Peer pressure is often the catalyst that converts criticism and personal insight into positive change. High expectations and high commitment from both residents and staff support this positive change. Insight into one's problems is gained through group and individual interaction. Learning through experience, failing and succeeding, and experiencing the consequences is considered an important influence toward achieving lasting change.

The TC emphasises the integration of an individual within the community. Progress is measured within the context of the community and against the community's expectations. It is this community, along with the individual, that accomplishes the process of positive change in the client. This transition is taken as an important measure of readiness to move toward integration into the larger society.

TC programmes operate within a set of cardinal rules that apply to all clients, staff and visitors. Any breaches of the following rules result in discharge from the programmes: no drugs including alcohol; no gambling; no sex; no violence, threats of violence or harassment; no stealing, dishonesty or criminal activity; no leaving Higher Ground premises without permission of staff; and no withholding of knowledge for any of the above.

Within the TC setting, Higher Ground provides a range of evidence-based therapies. Staff members are trained therapists who use group, individual and family approaches including cognitive behaviour therapy (CBT), dialectical behaviour therapy (DBT), motivational interviewing (MI), psycho-education, relapse prevention and family/whānau therapy. Additionally, moral reconnection therapy (MRT) and trauma therapy have recently been introduced in the context of the AOD Treatment Court. There is also an extensive family education and therapy programme. Higher Ground is culturally responsive – for example, there is a Māori programme which uses Māori symbolism and rituals to explore issues related to addiction (Raymont, 2013).

The TC programme is funded through contracts with the Waitemata District Health Board, Waikato District Health Board, the Ministry of Health and the AOD Treatment Court. Additionally, where a client is eligible for a benefit from Work & Income, a portion of the benefit is paid directly to Higher Ground as the client's contribution toward the cost of their time in the programme.



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## Study objectives and method

This study aims bring to light a better understanding of people's experiences of Higher Ground, particularly the extent to which core components of the residential programme are valued and thought to benefit their recovery. It complements previous studies, including studies that have investigated client recovery outcomes (Raymont, 2012; Raymont, 2013; Raymont et al., 2013; King, 2014; King & Stephenson, 2016)<sup>2</sup> and client experiences of Higher Ground's Māori programme (Waight, 2012).

### *Research method*

This study was qualitative. It involved telephone interviews with, primarily, graduates of Higher Ground. However, some current Phase 2 and 3 residents were also invited to take part. Higher Ground's internal research coordinator recruited graduates and provided the research team with contact details for those who agreed to participate. The lead clinician recruited current residents on the day that the interviews took place.

Purposive sampling of interviewees was conducted to ensure that participants covered a range of demographic characteristics (e.g., male/female, Māori/New Zealand European, younger/older). For practical reasons (e.g., challenges associated with contacting and engaging former residents who had not completed the programme), only graduates of the programme were invited to participate. Accordingly, this report's findings are relevant to the experiences and perceptions of people who successfully completed the Higher Ground programme, but may not represent the views of people who did not complete the programme.

In total 25 telephone interviews were carried out between September and October 2016. Participants consisted of 22 graduates and three current residents. Interviewees were 56% female and 44% male. Just over half identified as Māori (52%), with the remaining interviewees identifying as New Zealand European (48%). The majority were in their 30s (52%), and about one quarter in their 40s (24%) and 50s (24%) respectively. Time of graduation ranged between 2007 – 2016, with just over half having graduated between 2015-2016 (55%). Two participants had gone through the programme twice. For the majority, the key drug of choice when entering Higher Ground had been Methamphetamine (52%). Participant characteristics are summarised in Appendix A.

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<sup>2</sup> Since 2009, a research and monitoring programme has been in place at Higher Ground. It assesses clients as they make their way through the residential TC programme and aims to provide evidence of clients' progress, assist with clinical management and identify areas where the programme might be improved. Standardised research tools are administered at regular intervals from pre-admission through to discharge ("in-treatment research") and up to 12 months post discharge ("post-treatment research").

Interviews took between 30-60 minutes, followed a semi-structured format and included likert scales (see Appendix B). Questions were based on Higher Ground's Research Subcommittee's key areas of interest:<sup>3</sup>

- What are the perceptions of the value of core programme components?
  - What has been of benefit to the person's recovery; how have they benefited and conversely what has been less helpful?
- Is the whānau group meeting its objectives for Māori residents?
- What is the experience for non-Māori in term of how the whānau group contributes to their recovery?
- What was the experience of the discharge/exit process? What was the impact of this?

Some additional areas were also explored, including: the TC approach; entering and exiting Higher Ground; outcomes; and areas for improvement. The committee reviewed the interview schedules and input was also sought from Higher Ground's Programme Director and tumuaki (head of the Māori programme)...

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<sup>3</sup> As specified in a brief dated 27/07/16

## 2 Findings

This part of the report summarises feedback received during the interviews. Interviewees spoke highly of the Higher Ground programme and the ways in which it had transformed their life trajectories.

*What I learnt in there has saved my life. Not only that, but it has given me a better life and made me a better person. (Participant #9)*

*I'm grateful for the funding to put me through [Higher Ground] – that was quite a significant shift for me, having the state support me contributed to my self worth. I was just amazed... It gave me a stake to that community again. They've invested this in me, so I feel obligated to use that well. (Participant #17)*

*It's the best thing I've done in my life. (Participant #23)*

*All the things a human being should have, Higher Ground helps you find that. (Participant #16)*

*It's a place where you fall apart and in time you get put back together – the way you want to be put back together. (Participant #24)*

The following sections cover in more detail interviewees' perceptions of the treatment programme, including its core components, entering and exiting the programme, its structure, and opportunities for improvement. It also explores outcomes.

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### The treatment programme

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#### Community as method

As detailed in Section 1, Higher Ground is set in a TC, a highly structured environment with strict boundaries, in which residents support each other and the community in itself represents the therapy.<sup>4,5</sup> Although many found this method somewhat "scary to start with", challenging and hard, interviewees agreed that overall it was highly effective for their recovery.

*It was a necessary hard, I needed the structure, I needed people to tell me what to do. (Participant #6)*

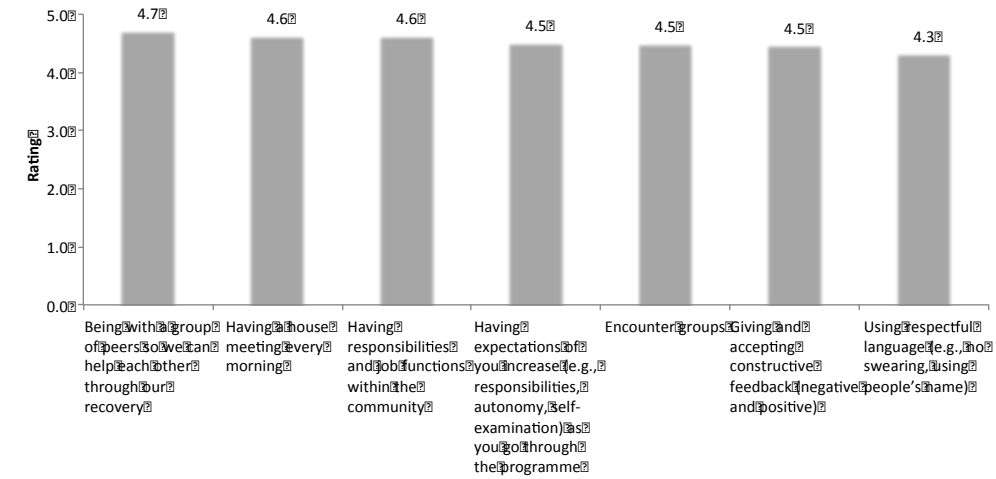
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<sup>4</sup> De Leon G (2000). *The Therapeutic Community: Theory, Model, and Method*. New York: The Springer Publishing Company.

<sup>5</sup> Australasian Therapeutic Communities Association (ATCA). (2012). *Therapeutic Community Model of Treatment*. <http://www.atca.com.au/wp-content/uploads/2012/07/Therapeutic-Community-Model-of-Treatment.pdf>

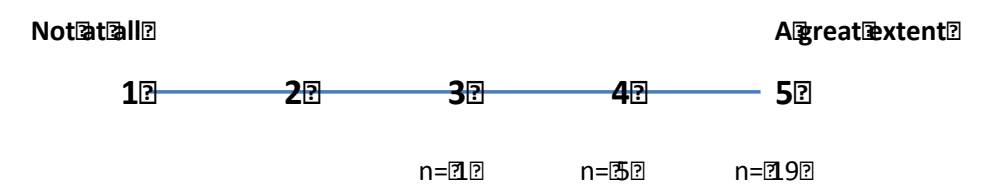
Interviewees were asked to rate aspects of a TC in terms of the extent to which they benefited their recovery, with 1 being 'not at all' and 5 being 'to a great extent'. Figure 1 shows the average rating of each aspect. Interviewees rated all aspects highly, with average ratings of 4.3-4.7. More detailed information about each rating is provided in the paragraphs below.

Figure 1: Average ratings of a TC



The vast majority of interviewees rated '**being with a group of peers so we can help each other through our recovery**' as benefiting their recovery to a great extent (Figure 2). In particular, having people around that understand the recovery journey, going through recovery together and hearing each other's stories was conducive to interviewees opening up and letting barriers down. Other aspects of being with a group of peers that benefited recovery included learning about relationships; how to be a friend, and being able to see what works and what does not work for others. It also helped interviewees build a support network and encouraged them to expand networks beyond people they felt comfortable with.

Figure 2: Being with a group of peers

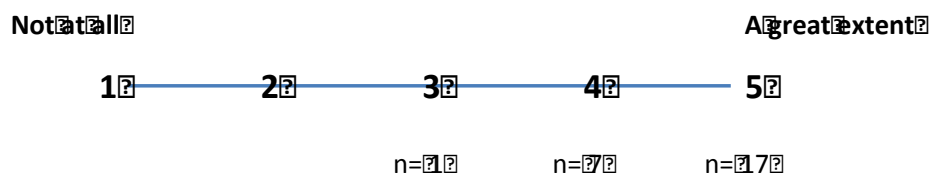


Despite being considered confrontational (and "terrifying" for some), '**having a house meeting every morning**' was highly rated in terms of the extent to which it benefited interviewees' recovery (Figure 3). The house meetings were considered helpful because they: provide regular conflict resolution (so residents do not need to carry concerns for more than 24 hours); allow residents to see growth in others and self; support

accountability and transparency; and provide a daily structure. Importantly, the meetings help keep residents safe – which contributed to interviewees following through with the programme.

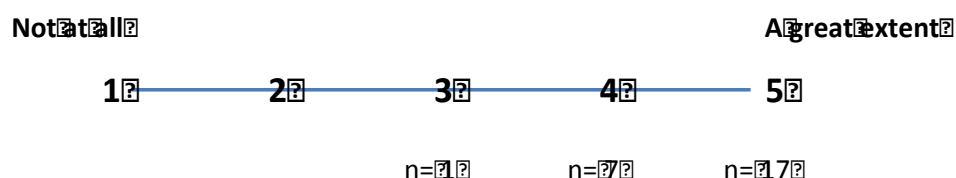
*It would have been easier to walk if we didn't have that resolution [morning meeting] every day, it cleared the air and gave a fresh start. (Participant #17)*

Figure 3: Morning house meetings



**'Having responsibilities and job functions within the community'** was also considered by the majority of interviewees to have contributed a great extent to their recovery (Figure 4). In particular, it: provides routine and keeps residents busy, which means there is less time to think about using; provides a sense of purpose – a start for doing things 'right'; builds confidence and leadership skills; strengthens self-worth and self-esteem; instils pride and work ethics; teaches how to interact with people (including communication and management skills); and teaches how to handle things under pressure. These were considered useful skills and attributes for life outside of treatment and addiction.

Figure 4: Responsibilities and job functions



**Encounter groups**<sup>6</sup> were referred to as "horrible", "scary" and "intense". Despite this, the majority found that the encounter groups benefited their recovery to a great extent (Figure 5).

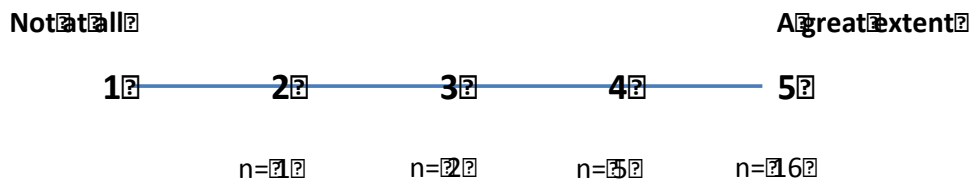
*Really didn't like them [encounter groups] but as far as recovery goes, have to say a five. (Participant #5)*

What interviewees found most helpful include: learning how to sit with other people's comments; learning to have an opinion and to have a voice; having defects pointed out so they can be addressed; learning accountability and responsible behaviour; and having to step out of ones

<sup>6</sup> Peer encounter group is the main therapeutic format in a TC, although other group formats are also used. They are conducted to heighten resident's awareness of attitudes and behaviours that need to be changed through confrontation (i.e., peers challenging each other), conversation and closure.

comfort zone (e.g., to encounter someone or to respond to an encounter). In particular, the groups had supported interviewees' ability to self-reflect and communicate more assertively.

Figure 5: Encounter groups

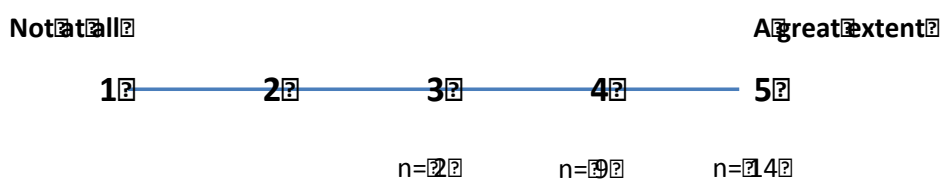


Again, '**giving and accepting constructive feedback (negative and positive)**' was considered challenging but beneficial for recovery (Figure 6).

*In our world you can't nark – you have to be quiet about everything... all of the sudden it's the polar opposite. And some people can do it [talk openly], some can't, but when you learn to take that step and you start doing it for the right reason it's another step forward to being clean. (Participant #2)*

As with the encounter groups, interviewees considered this aspect of the programme helpful in that it taught them about themselves (e.g. through peers' feedback), helped them "open up", and taught them to voice their opinions articulately. Some interviewees commented that this system was effective because it was easier to take on board what peers say, than professionals – who may not have a personal experience of addiction.

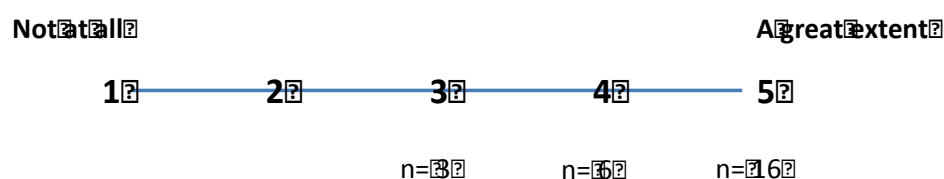
Figure 6: Constructive feedback



A few interviewees expressed some concern about being challenged publically (e.g., through giving and accepting constructive feedback, morning meetings and encounter groups) and these people tended to give lower ratings in terms of how they thought this benefited their recovery. A couple of interviewees pointed out that at times people are wrong, or their intentions might not be in the right place, and that in these instances, being challenged publically could be "quite detrimental". Another interviewee had found it humiliating and questioned whether assertive communication was at times learnt at the expense of someone else's wellbeing, and whether smaller groups or one-on-one counselling are better forums for receiving feedback about one's behaviour.

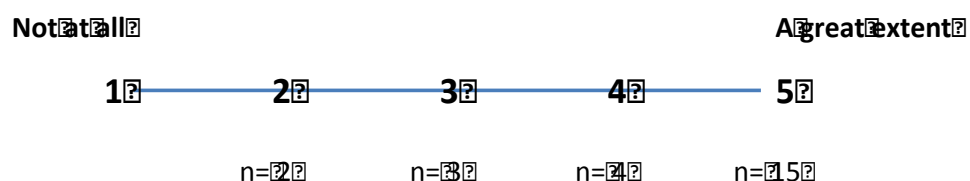
The majority of interviewees rated '**having expectations of you increase (e.g., in terms of responsibilities, autonomy, self-examination) as you go through the programme**' as having benefited their recovery to a great extent (Figure 7). Being acknowledged for their personal growth propelled them forward and motivated them to uphold a high(er) standard. Meanwhile, learning to be a role model, and having people look up to them nurtured their self-esteem. This aspect of the TC also taught them to take responsibility and be accountable, which prepared them for a life outside of Higher Ground.

Figure 7: Increased expectations



Although '**using respectful language**' (e.g., no swearing, using people's name) was the lowest scored aspect of a TC, with some interviewees saying it made very little difference to their recovery, the majority still considered it to have benefited their recovery to a great extent (Figure 8). It taught them to be respectful of others, helped cut out antisocial behaviour, and helped moderate different levels of energy in the community. In turn, this made for a more calm, safe environment; conducive to healing. Having to learn all their peers' names also helped interviewees get their brains "working again".

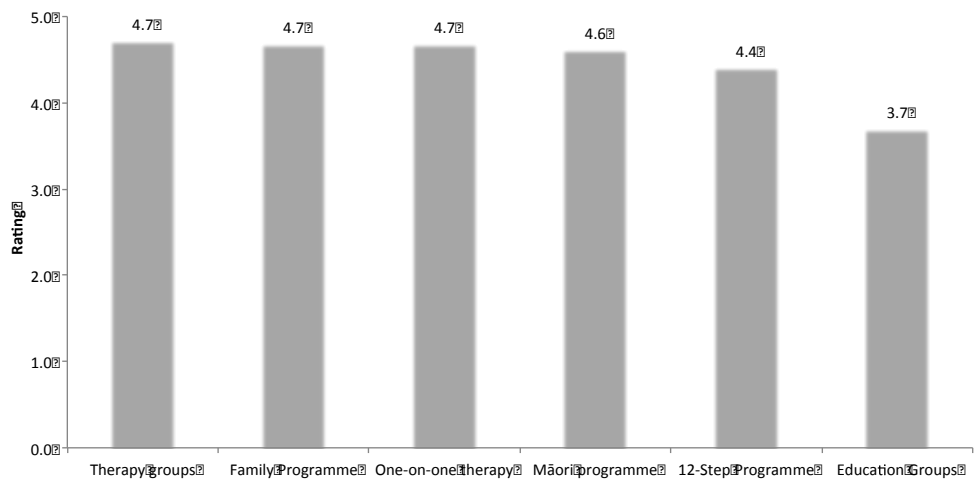
Figure 8: Respectful language



### Core programme components

As with the TC, core components of the programme were highly valued by interviewees. Figure 1 shows the average rating of each component, which ranged between 3.7-4.7. Feedback regarding each component is summarised below.

Figure 9: Average ratings of programme components

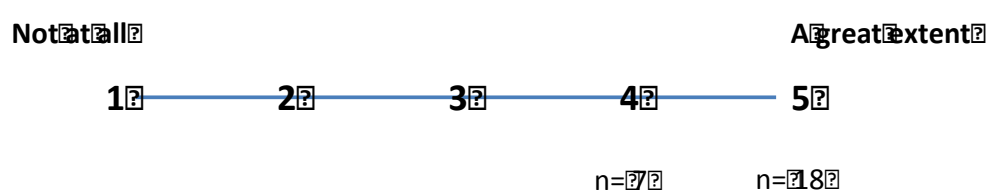


*Therapy groups*

Higher Ground offers a varied programme of group therapies. This includes, but is not limited to: MRT, a cognitive-behavioural treatment system that aims to enhance moral reasoning and better decision making; exercise/sports groups; case manager groups, where all clients of a case manager meet together; commitment reading groups; phase groups, where peers from each phase of the programme meet together; anger management groups; gender groups, where male and female meet separately; as well as family and Māori/whānau groups (both of which are discussed separately in this section).

All interviewees were highly positive about all the therapy groups at Higher Ground. It was the programme component that most consistently received high scores. As illustrated in Figure 10, the vast majority of interviewees considered them to have benefited their recovery to a great extent.

Figure 10: Therapy Groups



Therapy group facilitators were highly regarded for being professional, caring and non-judgmental. What interviewees found most helpful was that through the therapy groups they got to look deep within themselves, gain a better understanding of the root causes of their addiction (including trauma, mental health issues, abuse), hear other people’s stories and find inspiration through others.



*Hearing [my peers] respond with courage and strength, made me realise there was no excuse not to make anything with my own life. (Participant #17)*

Again, many found the therapy groups challenging, but recognised that having that challenge was key to their growth – and often that growth was found in places they did not expect.

*[The therapy groups] I didn't like were the ones that helped me the most. (Participant #8)*

The therapy groups that were repeatedly considered most beneficial across interviewees were: anger management (e.g., anger harness, healthy anger, coping with anger); gender groups; and the family group.

For many, anger and addiction was intrinsically linked – hence, learning to manage frustration and anger was key to their sobriety.

*Just being able to find a way of letting it [anger] out instead of bottling it up... that's what would lead to binges. It was good to get strategies and tools to be able to manage my moods. (Participant #25)*

For both men and women, the gender groups provided a safe place for them to deal with trust issues, and to talk about things that they did not feel comfortable talking about in a mixed gender group. For many, these groups helped them trust people of their own gender again. Some women also found that it helped them set healthier boundaries with men.

Individuals and/or smaller groupings of interviewees also found the phase, case manager, whānau, exercise, DBT, MRT<sup>7</sup> and commitment groups beneficial. Smaller groups such as the phase and case managers' groups were considered helpful as interviewees found it easier to open up when there were less people in the group. The family and whānau groups are discussed individually below.

### *Family programme*

The family programme consists of a family education group (initiated in 2016), a series of sessions aimed for family members/significant others to inform them about the TC approach, addiction and family and addiction dynamics, and a multiple family group where clients and their family/significant others meet together to explore their relationships in a safe environment. The multiple family group is facilitated by a trained therapist who provides information on the addictive process and dealing with interpersonal aspects of addiction.

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<sup>7</sup> At the time of interviewing, MRT had recently been introduced so the majority of participants had not taken part in this group.

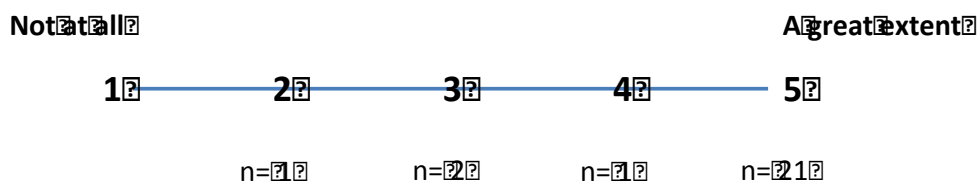
Because the family education group is relatively new, only a few interviewees had family who had participated. Their impression was that the group had been a positive experience. This is consistent with feedback from whānau and significant others who have provided feedback on their participation in the group through internal evaluation processes. Feedback forms reviewed as part of this study (N=11) suggest that what whānau like most about the group is being able to hear other people's stories (which they can relate to), share their own experiences, and learn about addiction and recovery. They appreciated being included in the recovery process – and were impressed with the guest speakers who provided useful information and offered inspiration and hope.

*The stories all relate to my own and its great to share with others that can understand how you feel. (Sibling)*

In regards to the multiple family group, nearly all interviewees considered it to have benefited their recovery to a great extent (Figure 11). They considered family to play a significant part in recovery.

*You need to start to put the relationships that you've destroyed back together. Getting clean isn't just about us getting clean... about putting whole family together. (Participant #2)*

Figure 11: Family group



Letter writing (where family members and the Higher Ground resident write letters to each other) and having someone there to mediate between family members was considered the most helpful aspects of the group. In particular, the family group had:

- Encouraged interviewees to reconnect with their family
- Opened interviewees eyes to how their addiction had impacted on family members
- Helped interviewees make amends with family members (e.g., through letters and mediated discussions)
- Provided an opportunity for family members to better understand what the interviewee was going through (e.g., addiction, recovery)
- Provided a forum for being honest

- Allowed interviewees to work on deep rooted, childhood issues that had been a trigger for using
- Provided a safe place to talk about the 'unspoken'
- Taught interviewees and family members how to communicate with each other.

The following quotes illustrate further the benefits of the family group.

*[The family group] allowed me to work on different issues – work on things from my past, that I'd never ever dealt with or spoken about with anyone. (Participant #6)*

*[The family group is] where I did most progress... It was also the most confrontational group I encountered. (Participant #7)*

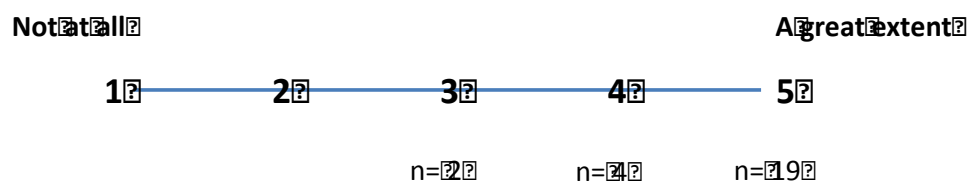
Although feedback about the multiple family group was positive overall, a few interviewees felt that at times the group was too large for everybody to work through their issues.

### *Personal case management*

Although the majority of therapy occurs in a group format at Higher Ground (in line with the TC approach), all residents meet with their case manager for individual counselling several times during their time in treatment. The extent to which this occurs depends on the needs of the client. A variety of evidence-based therapies are used in these sessions, including motivational interviewing, CBT and DBT.

All interviewees spoke highly about their case managers and believed that one-on-one counselling had contributed greatly to their recovery (Figure 12).

Figure 12: One-on-one therapy



The aspects of one-on-one counselling that interviewees found most helpful were that case managers:

- Were always willing to listen, and persevered through hard times (e.g., did not give up on them)
- Were supportive of them and their families
- Were upfront and honest (telling them the hard stuff they needed to hear, but did not want to hear)

- Provided a different perspective (helped clear their minds, and opened their minds to different things)
- Provided a safe place to talk about things not appropriate to bring up in a group (e.g., trauma, sexual abuse)
- Guided them to find their own solutions (provided options, not advise).

In particular, having that one-on-one time with their case manager helped interviewees to 'open up' and trust someone again.

*It was one of the most important factors... just beginning to have a positive relationship with a counsellor. I've been able to take that into other therapeutic relationships. I learnt to be a client in future relationships with therapists. (Participant #17)*

*It was very very good... it was cool to open up to someone. When I put my trust into my case manager, it really helped me move forward. (Participant #21)*

Reflecting that one-on-one counselling is provided on the basis of need, feedback suggests that there had been some variation in access (e.g., weekly, fortnightly, monthly). Lower ratings reflect this, rather than the perceived quality of counselling, with one third of interviewees indicating that they think they would have benefited from more one-on-one time with their case manager. Interviewees acknowledged that case managers do their best, despite having big case loads, and most were confident that they would have been given more one-on-one counselling, had they asked for it. Some also acknowledged that one-on-one counselling needs to be balanced against the community therapy approach – and as such, understood that "being forced into the community had its purpose in a way".

### *Māori programme*

Higher Ground's Māori programme follows a Wairua focused (spiritual) and Whānau driven (recovery family in action) approach to wellbeing. At the time of the interviews, it consisted of three components: a Te Reo; group; a spirituality group; and a whānau group. Five Marae noho (overnight stay on marae) are also held each year, which senior<sup>8</sup> clients can attend.

The Māori programme has undergone a few changes over the years, including the addition of the dedicated te reo and spirituality groups. Although historically, it has been an optional component (open to all residents) of the overall Higher Ground programme, it was made

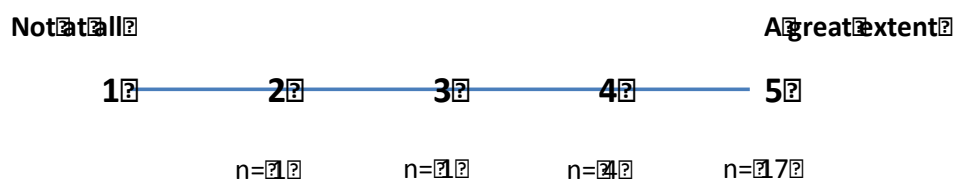
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<sup>8</sup> Senior residents are those who have been in the programme for at least 42 weeks and progressed into Phase 2.

compulsory for a trial period during 2015–2016. During the time of the research, it was reverted back to being optional again. As such, 23 interviewees<sup>9</sup> had participated in the Māori programme, and some had only done the whānau group component, not the separate spirituality and/or te reo groups. Interviewees referred to the overall programme as the 'whānau group'; this will be used from hereon.

As illustrated in Figure 13, the majority considered the whānau group to have benefited their recovery to a great extent.

Figure 13: Whānau group



Many commented that there was a different vibe in the whānau group – compared to a “tough love approach” in the rest of the Higher Ground programme, it felt “quite gentle and incredibly safe”. Aspects of the whānau group that interviewees found beneficial to their recovery include:

- The cultural base; provided an opportunity to reconnect to ones culture and heritage and explore and learn about traditional Māori values such as manaakitanga (kindness, generosity, support) and rangatiratanga (autonomy)
- Whanaungatanga (attaining and maintaining relationships); enabled participants to get to know each other on a deeper level
- The holistic approach; exploring spirituality from a cultural rather than a religious perspective helped people connect with a higher power
- Cultural practices, such as:
  - Doing the haka; empowered people, connected people with their ancestral spirits, and especially for men – provided a controlled outlet for aggression/frustration
  - The pōwhiri (traditional welcome); made people feel part of a family, connected them to Higher Ground
- The hierarchal system/tuakana teina approach; having responsibilities increase over time (e.g., getting to lead haka (traditional war dance), guide and teach newer residents) helped with confidence and self-esteem

<sup>9</sup> The two interviewees who opted out of the Māori programme were non-Māori and felt it was not relevant to them.

- Whakamaumahara (letter burning ceremony); helped people “let go” of things, find closure and freed up space within
- Marae noho; allowed for a more relaxed atmosphere which brought people closer and strengthened bonds
- Having to speak/perform in front of people; boosted confidence, self-esteem and provided a sense of achievement when accomplished.

*It [whānau group] gave me the opportunity to stand up in front of people and present something which I thought I couldn't do but always wished for. It released me from that stuckness in my throat... allowed me to give whole heartedly, to be truthful – instead of that dishonesty in silence when you want to say something but can't. (Participant #15)*

Despite the predominantly positive feedback (from Māori and non-Māori), two interviewees of Māori descent who are strongly connected to their culture did not feel that the whānau group met their needs as Māori.<sup>10</sup> They found it too “mainstream”, “set up for people who are disconnected from their culture”. One of them expressed concern with some of the things being taught in the group (e.g., women doing/being expected to do whaikōrero, formal speeches generally performed by men) and it was suggested that the group could be moderated – or certified in some way to ensure it follows protocol.

The benefits of the whānau group are further discussed in the outcomes section of this report.

### *The 12-step programme*

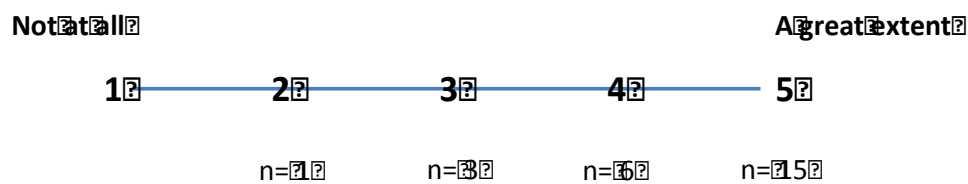
As mentioned elsewhere, Higher Ground's rehabilitation programme is based on NA's 12-step recovery principles. In particular, the first four steps are covered during the residential treatment period. While at Higher Ground, residents are required to get a sponsor, go to external AA/NA meetings, and participate in 'Steps' education.

Overall, the 12-step programme was highly valued. Nearly all considered it to have benefited their recovery to a great extent or near a great extent, as illustrated in Figure 14.

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<sup>10</sup> It should be noted that both these interviewees graduated from the programme some time ago (2013 and 2015).

Figure 14: 12-step programme



Aspects of the actual steps that interviewees found particularly helpful were that they helped, and continue to help, them take inventory of their own defects, get out of a 'victim-blaming' attitude and encouraged accountable and honest behaviour. The 12 steps also increased their understanding, and opened their minds to the notion of spirituality. In addition, having the additional steps to work on facilitated a plan for exiting Higher Ground.

Going to external AA/NA meetings provided interviewees with an additional support network ('the fellowship') outside of Higher Ground, where they could talk to others who were going through similar issues and see other people doing well in their recovery, which kept them motivated. It also provided opportunities to give back to others and helped build confidence (e.g., having to talk in front of people).

For the majority of interviewees, the value and importance of the 12-step programme was not recognised until they had graduated. Many pointed out, had they been asked to rate it at the time of treatment – they would have given it a lower rating, partly because it took some time to get their heads around the meaning of the steps but also because the real value of the fellowship was not understood until it became an integral part of their aftercare. Having the steps and the fellowship helped them transition back into the community. It provided that 'continuity' of support that was needed to stay abstinent.

Feelings about having a sponsor were mixed. Although a few interviewees had good relationships with the sponsors chosen while at Higher Ground (e.g., one interviewee's sponsor came to family group instead of family members), the majority felt that getting a sponsor was more of a tick box exercise and that the connection with their sponsor had not been strong enough to be beneficial. Feedback suggests that this lack of connection was a result of having "too much else to focus on" while at Higher Ground, and not having time to work through the steps with the sponsor – which is the primary reason for having one. Some changed sponsor once they had exited Higher Ground and had since found it beneficial to their ongoing recovery.

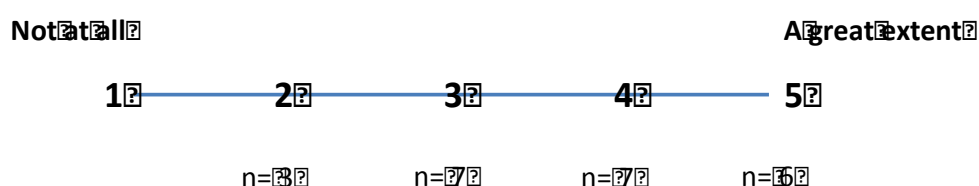
### *Education groups*

The busy schedule at Higher Ground includes education groups. Themes covered in these include relapse prevention, transactional analysis (a

method of studying interactions between individuals), alcohol and drug education, smoking cessation, NA/AA steps, rainbow cultural competency, and anger management.

Although some considered the education groups to be crucial to their recovery, others had found them informative but not necessarily that beneficial in terms of their recovery (e.g., the Rainbow group). As such, there was more variety in ratings for the education groups than the previously mentioned programme components (Figure 15).

Figure 15: Education groups (n=23)<sup>11</sup>



Steps education was most consistently considered the most beneficial group. It gave a good introduction to the 12 steps, questions could be asked and participants were able to dig deeper into the meaning of the steps. The facilitator was highly regarded for being able to answer any questions, and for having the 'knack' to translate the old-fashioned language used by NA/AA into a more contemporary context, which made more sense to participants. One interviewee however had found the group frustrating, as with new participants continuously joining in, it was difficult to make any progress.

Alcohol and drug education and relapse prevention were also considered useful as it provided participants with a better understanding of what addiction is, and the nature of relapse.

*I had had no education about what alcoholism was, so to be given substantial facts about the diseases of addiction was a bit of a turnaround for me – quite life changing. (Participant #3)*

*The most useful thing was to learn that relapse can be an emotional thing [...] so, that when you are angry, depressed or bottling things up the pipe or bottle is often not far away. (Participant #24)*

For some, the education groups repeated information they already knew and a few found that when education groups were placed late in the day, they were too tired to give them 100%. However, overall, interviewees felt that the combination of education and therapy is an effective approach.

<sup>11</sup> Two participants did not rate this group as they could not remember how beneficial it had been to their recovery.



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## Transitioning in and out of Higher Ground

### *Pre-admission support*

Prior to entering Higher Ground, pre-admission support is provided to incoming clients. This includes group work ('pre-admission groups'), to develop readiness, and supportive accommodation, such as the Wings Trust support house in Auckland, to help with the transition into the TC. When visiting Higher Ground for the pre-admission groups, incoming clients are buddied up with a resident who shows them around.

Those who had utilised pre-admission support (n=20)<sup>12</sup> considered it helpful. The pre-admission groups gave interviewees an opportunity to make connections with existing residents, offered insight into the routines and processes, allowed them to ask questions and generally helped them understand "how it works inside". Many believed it would have been too overwhelming to enter the programme not having done these groups.

*Was really good to ease you in to the structure of the place and to get people who are in there give their views, makes it less scary.*  
(Participant #25)

Supportive accommodation was also considered to ease their transition into the programme. It allowed interviewees to get used to a structured environment (as opposed to, for many, years of living without any routine), start learning about addiction and make connections with other incoming clients.

*It was intense and scary going in, but having people I knew, softened the blow.* (Participant #2)

*Worked like a stepping stone, I went from doing whatever I wanted whenever... if I'd gone straight to Higher Ground it would have felt too claustrophobic.* (Participant #14)

### *Discharge and exit*

At Higher Ground the discharge and exit process includes: opportunities to leave the TC for one day in the weekend from 42 days in treatment, and a whole weekend from 90 days in treatment;<sup>13</sup> relapse prevention education (including provision of resources to help maintain recovery);

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<sup>12</sup> Although the general norm, some interviewees who had come from other areas than Auckland, or who were urgently put on the programme had not done pre-admission groups or stayed in supported accommodation prior to entering Higher Ground.

<sup>13</sup> Higher Ground operates from a token economy; if members progress well through the programme and do all their work and duties they get privileges – such as the opportunity to exit Higher Ground. These privileges can also be lost if the member does not uphold the standard expected.

development of a continuing care plan ('exit plan');<sup>14</sup> one-on-one counselling/support by case manager; increased autonomy as clients progress through treatment phases; and participation in continuing care groups (alongside graduated clients). The graduation is also an obvious part of the exit process.

While all ex-residents acknowledged they felt a level of stress and fear about leaving Higher Ground, they all felt well supported through the discharge and exit process.

*I thought it was well done. They were really big on ensuring we had some kind of plan, so we weren't getting out and feeling unwell again. (Participant #3)*

A few ex-residents had wanted to go straight home or to work rather than supportive accommodation but were pleased that staff had pushed for them to reconsider.

*I wanted to go straight back to work, didn't want to go to a support house. But with a history of a high relapse rate – it wasn't a good idea. (Participant #2)*

Aspects of the discharge and exit process that graduates found helpful and beneficial for their continued recovery journey include:

- Planning for their exit (e.g., writing a discharge/exit plan, including an A and B plan, relapse prevention education, organising post-programme accommodation)

*"It was good to write it all out, could see what the positive outcome was going to be for my self at the end. The exit plan was a way to reassure that I could continue once I'd exited."*  
(Participant #4)

- Increasing contact with the wider community (e.g., through involving family in discharge/exit discussions, attending continuing care groups with graduates of the programme, being able to leave Higher Ground in weekends)

*"Found continuing care groups really useful – alleviated a lot of fear about what the next steps were, needed that reinforced over and over, that support would be there when I needed it".*  
(Participant #12)

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<sup>14</sup> This covers triggers and recovery coping solutions, which 12 Step meetings to attend, self care, suggestions by peers for how to maintain recovery, support people, future plans, relationships, finances etc. A discharge plan is also developed when they first enter the TC in case they do not complete the programme.

- Being provided with useful resources (e.g., list of 'top 10 things to do' to maintain recovery)

*"That list helped me... As soon as I left I started working them into my life and it worked. (Participant #4)*

- Being supported by Higher Ground staff and being able to discuss their exit one-on-one with their case manager
- The graduation ceremony, which instilled a sense of pride and achievement.

Knowing they had a place to stay after Higher Ground (e.g., Higher Ground's Calgary support house, the Wings Trust support house) alleviated a lot of stress for interviewees. In fact, those who wanted to go and stay at the Calgary support house (n=2) had found that the most stressful aspect of leaving the programme was not knowing whether there would be a bed for them there.<sup>15</sup>

*There's that thing of not knowing if there is going to be a place there, like limboland, as soon as they knew they told me and I relaxed. (Participant #15)*

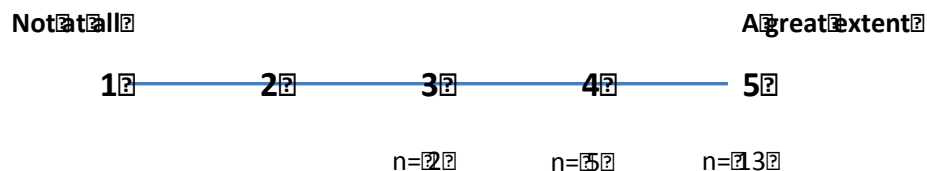
Being picked up and dropped off at their supportive accommodation had also helped alleviate stress for interviewees.

### Continuing care

After graduating from Higher Ground, continuing care is provided consisting of group and individual therapies, and supportive accommodation (e.g., Wings trust and Calgary support houses).

The majority of those who had utilised continuing care<sup>16</sup> felt that it had benefited their ongoing recovery (see Figure 16).

Figure 16: Continuing care (n=20)



Interviewees considered continuing care groups helpful as they provided a forum for talking about issues that arose during the transition period. The

<sup>15</sup> Calgary support house is exclusive to Higher Ground graduates and only houses six people, as opposed to Wings Trust support house which has approximately 45 beds and takes people going in to, and exiting, a variety of rehabilitation programmes.

<sup>16</sup> Three interviewees were current members and as such, had not yet experienced this aspect of the programme. Two interviewees' graduation coincided with their babies being born and as such, did not fully utilise continuing care.

groups helped interviewees keep themselves “charged in their recovery”, and provided an opportunity to give back and support others. Importantly, the groups enabled interviewees to stay connected to Higher Ground, a place with which they had developed a very strong bond.

*As an ex-resident of Higher Ground, I always feel have a place in that house, it’s incredibly comforting to know. (Participant #17)*

Being able to go into supportive accommodation allowed interviewees to “ease back into the real world”. They liked that the support houses sustained some of the structure from Higher Ground (e.g., TC principles), while also allowing them more freedom so they could integrate back into society (e.g., go back to and/or apply for work).

Two interviewees had not gone on to stay in supported accommodation due to having a baby at the time of exiting Higher Ground. However, they felt they had received sufficient support (e.g., regular phone calls with Higher Ground staff) and knew that they could access more support if they needed it and/or go to stay at Wings when the time was right.

*Don’t know if I can convey... it was so comforting to know that there was someone there [Higher Ground] 24 hours a day, that I didn’t have to do it myself. (Participant #3)*

Only one interviewee suggested improvements in this area, namely that post-continuing care groups could be helpful, e.g., less regular ones where ex-residents at say their 1-year point could meet with those at their 10-year point.

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### Programme structure

All interviewees considered Higher Ground’s treatment programme to be well designed and delivered, and they acknowledged that despite finding a number of groups and activities confronting and challenging they benefited from the combination of them all.

*The structure of the whole programme really just does help a person to get their life back on track. Everything works the way it’s made to work and that’s effective. It wasn’t shallow, you couldn’t just go through there, you were assessed everyday by peers, councillors, staff. Everything that went on, you were confronted about... that really contributed to a person comprehending what to work on. (Participant #4)*

Feedback from interviewees suggests that every aspect of Higher Ground’s programme contributes to people’s recovery. When interviewees were asked to think back to their time at Higher Ground to identify what it was about the programme that really made a difference to them, the following were identified:

- The TC environment (e.g., being with others, the connectivity/social aspect)
- The “toughness” of the programme, including the structure, boundaries, routine
- Length of treatment
- Opportunity to increase self-awareness, get to know/look at oneself
- Opportunity to work on core issues that have contributed to addiction, such as childhood trauma, experience of abuse, mental health issues
- The challenge system, hearing the truth from others
- Caring, non-judgmental, respectful and professional staff
- Whānau group
- Multiple family group
- Group work
- Relapse prevention
- One-on-one therapy
- Aftercare.

These themes are further illustrated in the following quotes. What really made a difference was:

*...getting the connectivity and sociability, I went in with anxiety disorder and had no intimate human connection, [the TC] helped break down these barriers. (Participant #12)*

*...having time out of society, having the opportunity to live life without trying to find a fix all the time or thinking about it. We kept so busy in there so didn't have time to think about that stuff. (Participant #14)*

*...learning about myself, who I was straight – finding out how to deal with life in general, having that community support, learning that it was OK to talk about stuff and finding out about me – and why I did the things I did. (Participant #8)*

*...having that extended period of time in there where you eat three meals a day and exercise a couple of times a week and you learn to value your body and take care of it after all that damage, that was cemented for me in there in a way it hasn't been before so I*

*can sort of fall back on a lot of the things and patterns I learnt in there. (Participant #2)*

*The staff is just really good, I felt really cared for and respected – those are the things that contributed to me being clean and sober today. (Participant #15)*

Many felt that the rigid structure of the programme is necessary (e.g., components being compulsory), as they would not have been in a good state to make such decisions when they entered the programme.

*I think they [components of the programme] should all be compulsory. I personally don't think choice is that helpful. (Participant #10)*

*They should be compulsory, reason being is that as addicts we come from pretty bad places, just getting up and feeding ourselves is hard enough, I would have just gone for the easy option, not the one that would challenge me. (Participant #11)*

A few interviewees thought the programme could be improved by allowing for some more spare time, and more choice around the exercise and whānau groups<sup>17</sup>. In particular, there was some concern expressed about potentially jeopardising the safety of the whānau group if people are made to take part.

However, others felt the whānau group should be a compulsory component of the programme, because despite initially feeling worried about taking part (e.g., some non-Māori felt anxious or self-conscious about not being Māori, and some Māori felt ashamed about not knowing more about their culture) their own experience with the group was that it had benefited their recovery greatly, and they believed others could benefit from it too. They also felt that Māori culture is such an important part of New Zealand, and as such something everyone should know about.

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## Outcomes

Interviewee's experiences and perceptions of outcomes were explored as part of the interviews.

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## Meeting cultural needs

Interviewees who had participated in the whānau group were asked to rate the extent to which it contributed to some expected outcomes, including: (for all) a sense of unity and a sense of connection; (for Māori) re-vitalised or strengthened cultural identity, meaningful connections, re-

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<sup>17</sup> Note that the whānau group was compulsory at the time of the research.

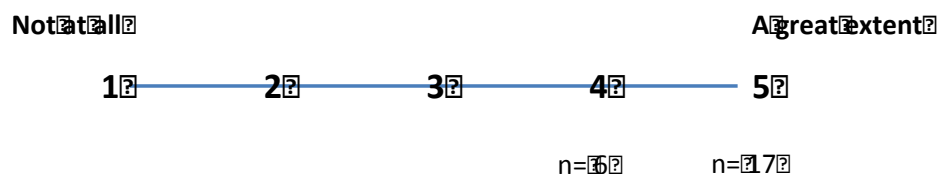
gained mana, increased understanding of te ao Māori; and (for non-Māori) strengthened identity (e.g., as a New Zealander).

### *For all*

All who had participated in the whānau group (N=23) felt it had contributed to a sense of unity, with the vast majority indicating it had done so to a great extent (Figure 17). In particular, cultural practices such as doing the haka, pōwhiri and mihi had contributed to a sense of unity.

*There was this one moment, we went to walk on Bethells beach, and the whānau group gathered in mist and did the haka. It didn't just create unity between me and the group but all of creation – the bush, the trees, the people. It made me feel part of this living thing. (Participant #17)*

Figure 17: Unity

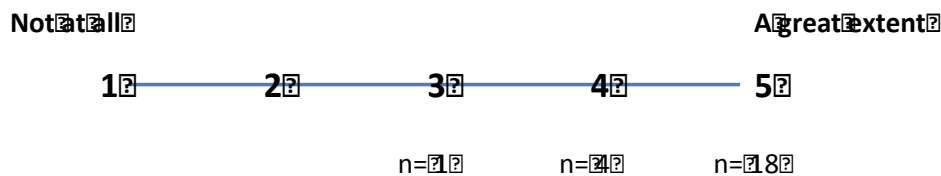


The whānau group had also contributed to a sense of connection for interviewees, with the vast majority indicating it had done so to a great extent (Figure 18). Interviewees felt more connected to people, their children, peers, ancestors, a higher power, and the land. For some Māori who had been disconnected from their culture, it was a relief to see they were not alone – this made it easier for them to connect with their peers and fully participate in the group. Again cultural practices such as doing a mihi (introductory speech), the haka, waita (singing) and taking part in the 'Paua Ceremony'<sup>18</sup> contributed greatly to this sense of connection. These were also considered spiritually uplifting.

*Doing the haka... I feel like I can feel my ancestors while doing it – it strengthened my spirituality. (Participant #13)*

<sup>18</sup> The 'Paua Ceremony' is used to describe the transition that clients are encouraged to make during their time in rehabilitation. Participants are likened to the paua; that they have an inner beauty similar to the beauty inside the paua shell. However, the beauty is encased in addiction and negative experiences which have disfigured their outlook and experience of life. These experiences are then likened to the rough outer shell of the paua.

Figure 18: Connection

*For Māori*

For the vast majority of participating Māori (N=13), gaining that connection with the land and ancestors, learning to speak te reo, doing karakia (prayer), and learning to mihi had helped re-vitalise or strengthen their cultural identity to a great extent (Figure 19) as is illustrated by the following quotes.

*I was ashamed and embarrassed not knowing about my whakapapa and heritage. It [whānau group] was the hardest thing in my treatment but one of most beneficial. Now I've got a sense of pride in who I am. (Participant #10)*

*The whānau group gave me an opportunity to use my ancestral voice which I'd lost. (Participant #15)*

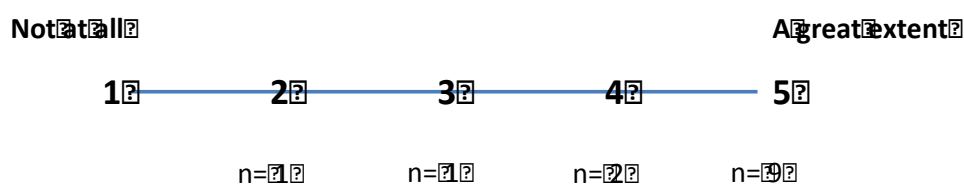
*It supported my recovery by allowing me to feel a belonging in my own Maoridom and heritage, and to be really aware that it's not only the colour of my skin that matters. (Participant #1)*

*Was kind of where I put in place who I was, this is what I believe in and who I am as Māori. (Participant #23)*

*Because I hadn't had any connection to my Māori side since I was a boy, I had an unhealthy view of being Māori as an identity. [The whānau group] helped bring it down to perspective and what being Māori is really about. The side I'd never really seen, and how it works in traditional Māori society, family, caring and taking care of one another. (Participant #4)*

Some interviewees had gone on to research their whakapapa or join cultural groups after leaving Higher Ground.

Figure 19: Cultural identity



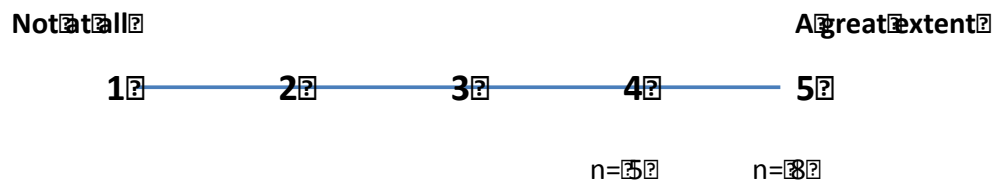
For Māori, the whānau group also contributed to meaningful connections being developed – particularly with people in the group who many still



stay in touch with, with children and family members who are Māori, and other Māori (see Figure 20).

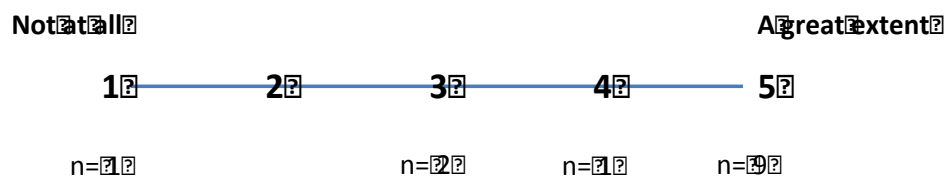
*My father's family is Māori, so allowed me to have something common with them again. (Participant #7)*

Figure 20: Meaningful connections



The majority of Māori participants also felt they re-gained mana as a result of the whānau group (Figure 21). However some felt this had been a result of the overall Higher Ground programme (including the whānau group). Re-gained mana was achieved through having expectations placed upon them; having someone trust that they can perform a certain role.

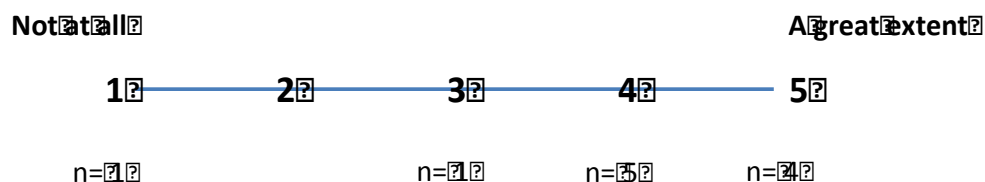
Figure 21: Mana



Nearly all Māori felt that the whānau group had taught them something about te ao Māori – for some it was re-visiting knowledge they had stored away from childhood and as such was not necessarily new knowledge, but even so it was timely and important (Figure 22).

*Reignited a lot I'd learnt as a little fella. (Participant #14)*

Figure 22: Te ao Māori



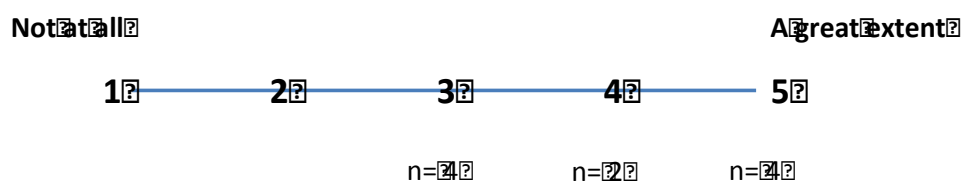
### *For non-Māori*

The whānau group also contributed to a strengthened identity amongst non-Māori participants (N=10) – albeit to varying degrees (see Figure 23). For some this related to being a New Zealander (e.g., being able to do a mihi in new group situations), for others it inspired an interest in

their European ancestry. For one person it was a deep revitalisation of self.

*I remember [the whānau group facilitator] saying 'I see you as a leader, you have a strength, you need to nurture that'. I had been so squashed, and having someone like him see something in me was huge. The shame of being a partner of gang member, doing sex work, having been hospitalised with mental health issues... feeling worthless and achieving nothing... and then have people recognise something in me... it let me shake off that shackle of worthlessness and pursue my dreams. I always remember that stuff... it is what I did – not who I am. All those tools I learnt about identity helped me overcome my self-imposed limitation. It lifted my eyes off the ground into the heavens. (Participant #17)*

Figure 23: Identity



For two non-Māori participants, taking part in the whānau group had given them a different appreciation and respect for Māori culture.

*Made me realise, that Māori culture is a big part of New Zealand – helped me respect the Māori people. (Participant #19)*

*Something I've almost rebelled against, not included in my life. It's a nice spiritual connection... a big part of New Zealand. I've been actively racist... so this was a big part of learning about the country I love and live in. (Participant #20)*

Interviewees agreed that the outcomes that they had experienced as a result of the whānau group (e.g., sense unity, connection, and identity) had greatly contributed to their overall recovery.

*Because I know that in recovery or in life in general having a connection is one of the biggest parts of recovery. (Participant #8)*

*Big time, self identity gave me an anchor to latch on to, in regards to who am I in recovery and in life. Gave me a sense of purpose. (Participant #10)*

*Offered me a sense of self and belonging, therefore I felt I was worthy of searching the connections that I did... Gave me the faith to try things differently. (Participant #12)*

*Makes me feel proud of who I am, a sense of belonging – and strength to carry on in the right direction. (Participant #22)*

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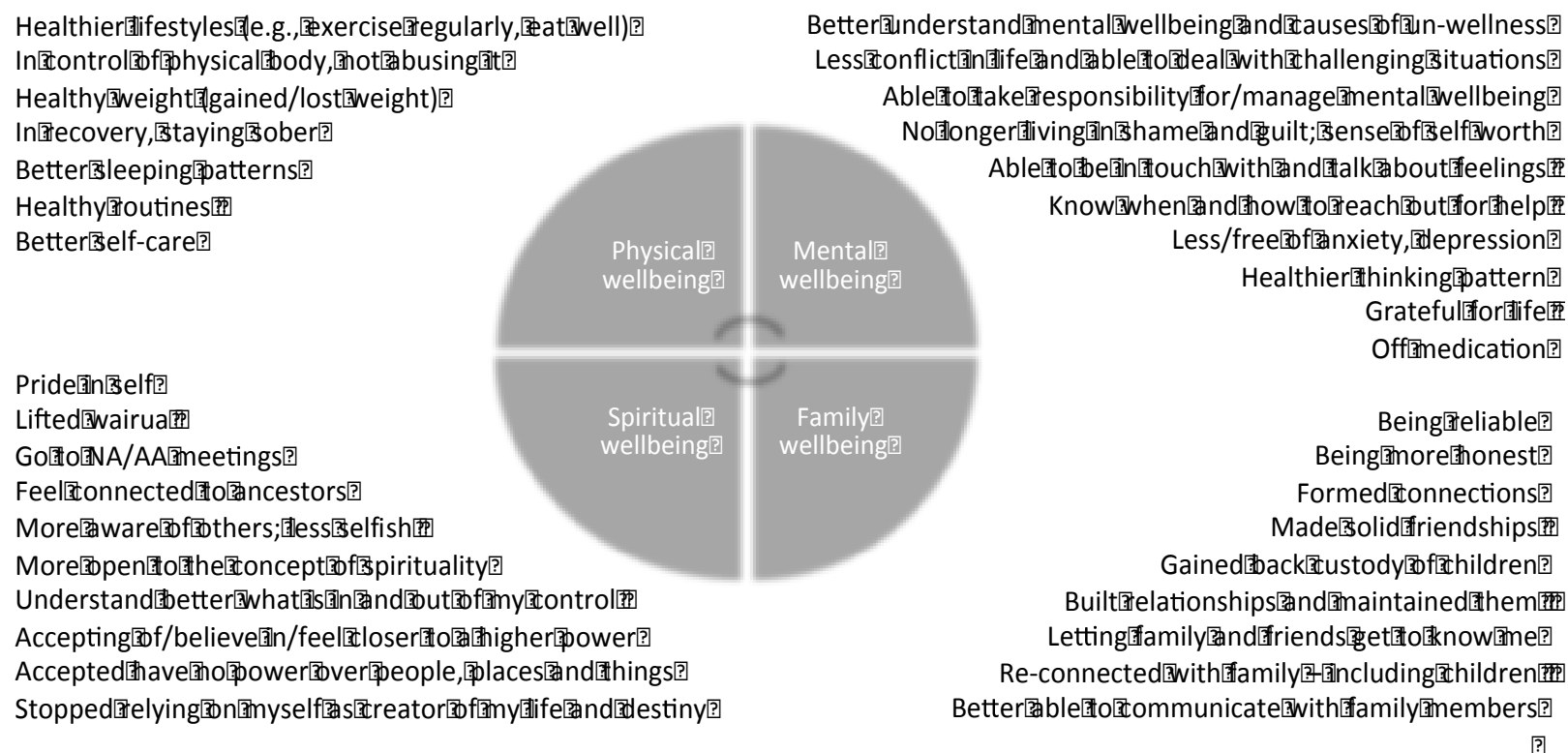
### Most significant changes

When interviewees were asked what the most significant changes had been as a result of their stay at Higher Ground, answers – over and above being in recovery and abstinence – centred on improved physical, mental, spiritual and family wellbeing. This is illustrated in Figure 24 and exemplified by the following quotes.

*The way I act and react is completely different – the biggest thing is understanding what's in and out of my control, I go to that on a daily basis. (Participant #5)*

*Probably the most significant blessing – believing from the age of 12 to 31 that I was nuts – and that kind of gave me an excuse not to participate in society was having to come off medication [to enter Higher Ground] and realising that all mental health issues were self-inflicted through drug abuse... that was incredibly empowering. After [graduating], I went to university. (Participant #17)*

Figure 24: Most significant changes for interviewees



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## Opportunities for improvement

As is evident in the findings presented so far, interviewees were highly satisfied with Higher Ground's treatment programme. Generally, there was not much interviewees thought could be done to improve the programme – which was referred to as “a well oiled machine”, “like home”, and an “amazing programme”. However, many interviewees would like to see more programmes like Higher Ground established around New Zealand, to help reduce inequalities in access to care and to take some pressure off the waiting list for getting treatment in Auckland.

It was also suggested that a specific programme for mothers and their children is developed, or that the current programme is adapted to better cater for mothers – to ensure that mothers who do not want to leave their children still have access to treatment – and so that children's needs can be met too.

*[Higher Ground] is an incredibly difficult place for women with children – part of coming into the [programme] is walking away from their children... and the children who come in on Sundays are incredibly vulnerable and damaged as well. Meeting needs of children too, would be an incredible advancement in what they [Higher Ground] offer. (Participant #17)*

Additional suggestions (including those identified throughout in the above findings section) for improving the programme include:

- Being mindful that all clients get an opportunity to “process their stuff” in the therapy groups – not letting one person's processing absorb the whole session
- Increasing access to one-on-one therapy
- Processes to ensure the whānau group conforms to protocol (e.g., through moderation or certification)
- Access to more therapy in Phase 3 of the programme (e.g., encounter groups)
- More spare time and increased flexibility around some groups (e.g., exercise/sport groups)
- Post-continuing care groups where new graduates can meet graduates who have been in recovery for a significant time (i.e., years)
- Growing vegetables for the kitchen
- Body therapies (e.g., massage) and better access to baths, as opposed to only one in the men's section of the house, to help with achy bodies and muscles (e.g., from trauma, stress, worry).

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## Conclusion

Overall, it is clear that Higher Ground's rehabilitation programme has had a profound effect on interviewees, and fundamentally changed their lives for the better. Their physical, mental, spiritual and family wellbeing has improved, they feel a sense of belonging, are contributing to society (e.g., through work, supporting others in recovery) and are pursuing aspirations for the future (e.g., through study).<sup>19</sup>

It is also clear that the programme is highly valued. The TC approach and core components, despite being very challenging for clients, greatly benefit their recovery. In fact, it is the challenges in themselves (e.g., hearing other people's perceptions of oneself) that appear to support the personal growth and development necessary for recovery to occur. This is in line with the recovery principles that underpin TC's – that seeking self-awareness is the first step in making behaviour change (De Leon, 2000).

Feedback also suggests that, although individual parts of the programme provide their own benefits – it is the *combination* of therapy and education, strict boundaries and routines, the rigorous structure, a reasonably lengthy time out of society along with professional, empathetic, caring and supportive staff that makes a real difference to people's lives. These findings are consistent with De Leon (2000) and ACTA (2002) in validating the effectiveness of a highly structured TC environment and multidimensional treatment including both group and individual therapies, education and values and skills development.

The whānau group was perceived as an important part of the programme by Māori and non-Māori alike. Although challenging in its own way, feedback suggests that it brings balance to the overall experience of Higher Ground by juxtaposing a softness against an otherwise, hard and tough programme. Overall, objectives were met for Māori, of which nearly all had their cultural identity re-vitalised or strengthened. The group also contributed to a sense of unity and belonging amongst all participants. This is consistent with previous research conducted at Higher Ground (Waight, 2012), which found that the whānau group benefit Māori and non-Māori. As Waight (2012) suggests, this dynamic is important for demonstrating the applicability of Māori models of health in the rehabilitative sector.

The discharge and exit processes (e.g., developing exit plan, increasing connection with wider community) appear to have prepared interviewees well for leaving Higher Ground. Continuing care was identified as key to maintaining recovery once graduated. Again, this is consistent with the international literature, which identifies aftercare as a consistent predictor of recovery status (Vanderplasshen et al., 2013; Wexler, 2003; Wexler & Prendergast, 2010). It is also consistent with a recent quantitative outcome study conducted at Higher Ground (King & Stephenson, 2016).

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<sup>19</sup> Due to the small number of interviewees, their status as graduates and their voluntary participation (which may have led to those with positive experiences taking part only) it is not appropriate to make inferences from these perceptions to outcomes for the client group as a whole. In particular, causality cannot be inferred due to survivorship bias - the logical error of concentrating on the people or things that "survived" some process and inadvertently overlooking those that did not because of their lack of participation.

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## Appendix A: Participant characteristics

Participant #	Sex	Age	Ethnicity	Drug	Graduation Phase
1	F	39	NZ Māori	A	Mar-16
2	F	24	NZ European	A & M	Nov-15
3	F	37	NZ Māori	A	Apr-13
4	M	35	NZ Māori	M, Ma, A	Aug-14
5	M	44	NZ European	M	Oct-14
6	F	36	NZ European	M	Oct-14
7	M	37	NZ Māori	O	Jan-16
8	F	44	NZ European	M	Nov-12
9	M	47	NZ European	A	Feb-12
10	M	38	NZ Māori	O	Jan-13
11	F	37	NZ European	M	Sep-14
12	F	38	NZ Māori	M	Mar-14
13	M	28	Fijian, Māori, European	M	Apr-15
14	M	36	NZ Māori	M	Dec-15
15	F	45	NZ Māori	G	May-15
16	F	36	Māori	M	Jul-15
17	F	41	NZ European	M	Feb-07
18	F	28	NZ European	M	
19	F	39	NZ European	M & A	
20	M	32	NZ Māori	M	
21	M	20	NZ European	M, Ma, A	Apr-16
22	M	33	NZ Māori	M	Aug-16
23	F	27	Māori	Ma	Mar-15
24	F	43	NZ European	M	Jun-16
25	M	27	NZ European	A	Jan-16

Key: M (Methamphetamine); Ma (Marijuana); A (Alcohol); O (Opiates); G (Gambling)



## Appendix B: Interview schedule

*Kia ora and welcome,*

*As indicated in the information sheet, this research with you is to understand your perception and the value of different aspects of the Higher Ground programme. The results of this research will help guide improvements to the programme. I will be asking you about your experience of the programme and will be interested in whatever you have to say. If there are things you do not want to talk about, I will respect your privacy – you should not feel obligated to talk about anything that you wish to keep private.*

**First I want to ask you some questions about yourself and your participation in Higher Ground's rehabilitation programme.**

Gender:

Age:

Ethnicity:

Main drug used to use:

1. When were you at HG – and for how long?
2. Did you complete the programme? (If no, I will ask you about that later in the interview)

**I now have some questions about your overall experience with the programme at Higher Ground.**

3. Thinking back to your time at Higher Ground (HG) – what can you remember about the programme that really made a difference for you and your recovery?
4. As you might know, HG's programme is set in a Therapeutic Community<sup>20</sup>. Overall, how did you find this?
5. Have you taken part in any other treatment programmes? If so, which ones? How do you think HG's programme compares with other treatment or TC models?
6. Did HG do any work with you before you came to stay at HG? How helpful was this?

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<sup>20</sup> For those who are not sure what a TC is; where the treatment facility is a homely community and being part of that community is the actual therapy – e.g., by self help, supporting others, receiving support from peers, through roles and responsibilities, job duties, education etc.

**Moving on to more specific aspects of the programme I want to get an understanding of the extent to which you value some of its core components – and why – or why not.**

7. On a scale of 1-5, with 1 being not at all and 5 being to a great extent, to what extent did the following components/aspects of the programme benefit your recovery (or not)?

Programme component		Rating (1-5)	<p>Ask for comments about why that rating was given. E.g., <i>What has been of benefit to your recovery? How have you benefited from this aspect of the programme? What was less helpful? AND/OR Why do you think it did not benefit your recovery?</i></p> <p>Also, discuss programme aspect in more detail as per probes/questions below.</p>
The 12 steps			<i>Probe about: external AA/NA meetings; in-house AA/NA meetings; commitment groups; having a sponsor.</i>
Therapy groups (e.g., anger management, phase groups, exercise groups, DBT, commitment reading groups, process groups, moral reconnection groups)			<i>Probe about what therapy groups the person did, which ones were most and least beneficial and why.</i>
Education groups (e.g., Rainbow, 12 steps, communication, drugs and alcohol)			<i>Probe about what education groups the person did, which ones were most and least beneficial and why.</i>
Personalised case management			<i>Probe about: timing, frequency, access, form of therapy, case manager etc.</i>
Therapeutic Community	Being with a group of peers so we can help each other through our recovery		
	Having a house meeting every morning		
	Encounter groups		
	Having responsibilities and job functions within the community		
	Giving and accepting constructive feedback		

	(negative and positive)		
	Having expectations of you increase (e.g., in terms of responsibilities, autonomy, self-examination) as you go through the programme		
	Using respectful language (e.g., no swearing, using people's name)		
Family programme			<i>Probe about: family education group and multiple family groups</i>
Whānau Group/Māori programme ( <i>NOTE: for some interviewees this part of the programme may have been optional</i> )			<i>Probe about: te reo, spirituality and whānau groups and noho marae</i>
Continuing care			<i>Probe about: what their continuing care looked like (e.g., HG support house or other provider), was it sufficient?</i>

8. How do you feel about these components being core parts of the HG programme (e.g., some being compulsory)? Is there anything you would change?

**Now, I'd like to talk to you about outcomes**

9. What were the most significant changes for you as a result of staying at Higher Ground? Prompt about:

- Taha tinana (physical wellbeing)
- Taha wairua (spiritual wellbeing)
- Taha whānau (family wellbeing)
- Taha hinengaro (mental health)

10. In terms of the Whānau group/programme - to what extent (on a scale of 1-5, with 1 being not at all and 5 being to a great extent) did it contribute to:

Anticipated outcome	Rating	Comments (why/why not?)
<i>For all</i>		
A sense of unity		
A sense of connection – e.g., to the land, each other, higher power		
<i>For Māori</i>		
Re-vitalised or strengthened cultural identity		
Meaningful connections developed		
Re-gained mana		
Increased understanding of te ao Māori		
<i>For non-Māori</i>		
Strengthened identity (e.g., as a New Zealander)		

83.

11. In what ways, if at all, did any of the above outcomes contribute to your overall recovery?

**Before we finish, I'd like to ask you about your experiences with exiting HG.**

12. If you *completed the programme*, how did you find the discharge/exit process – and how did this process impact on your continued recovery journey?

OR

If you *didn't complete the programme*, can you tell me why and whether you left at own accord or were asked to leave? How did you find this process and how did this experience impact on your continued recovery journey?

**Closing questions**

13. Is there anything else you would like to say about your experience with HG?
14. Do you have any suggestions for how the programme could be improved?

*Thank you so much for participating/Kia ora*